

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000114802

1. Entity Name

SEMCO III, INC

DO NOT WRITE IN THIS SPACE

40458

2. Principal Place of Business

1920 PALM BEACH LAKES BLVD

3. Mailing Address

Suite, Apt. #, etc.

STE 202

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH, FL

City & State

4. FEI Number

65-1060159

Applied For

Not Applicable

Zip

33409

County

Palm Beach

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: MARK SMITH

Street Address (P.O. Box Number is Not Acceptable)

Same

City

FL

Zip Code

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 IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1: Fee is \$150.00
 After May 1: Fee is \$550.00
 Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: CEO
 NAME: SMITH, MARK W.
 STREET ADDRESS: 9498 ALTAIA LAKE PARK, FL 33470
 CITY-ST-ZIP: LAKE PARK, FL 33470

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: RESIDENT
 NAME: DONNELL MICHAEL
 STREET ADDRESS: 2559 DEER RUN DRIVE
 CITY-ST-ZIP: LOKAHATCHEE, FL 33470

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

**DO NOT WRITE
 IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2FES4B (1/75)